

Please send this form (**typed/printed**) with documentation to one of the following locations:

**Enforcement Unit/IDR Request
Bureau of Health Care Services/LARA
Ottawa Building, 1st Floor
611 W. Ottawa
Lansing, MI 48933**

☐ **Bureau of Health Care Services Staff** **OR** ☐ **MPRO (Facility agrees to pay fee for service).**

Facility Name:		Survey Exit Date:	
		Event ID Number:	
		<input type="checkbox"/> Standard Survey	OR <input type="checkbox"/> Abbreviated Survey
1. List all tags (citations) requested for IDR (include scope and severity):			
2. Attach to this form your factual evidence that you believe refute the requested tags (citations) for IDR. Please explain if the attached evidence was not available at the time of the survey:			
Facility Contact Person:		Date:	Phone #: